<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Sancta Maria Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004589</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Parke, Kinnegad, Meath.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>044 937 5243</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:sanctamarianh@gmail.com">sanctamarianh@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Compóird Teoranta</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Alan Shaw</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ciara McShane</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on</td>
<td></td>
</tr>
<tr>
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<td>42</td>
</tr>
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<td>Number of vacancies on</td>
<td></td>
</tr>
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<td>the date of inspection:</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From</th>
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<tr>
<td>10 March 2015 09:30</td>
<td>10 March 2015 17:15</td>
</tr>
<tr>
<td>11 March 2015 08:30</td>
<td>11 March 2015 14:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
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<td>Outcome 02: Governance and Management</td>
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<td>Outcome 03: Information for residents</td>
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<td>Outcome 04: Suitable Person in Charge</td>
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<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<td>Outcome 06: Absence of the Person in charge</td>
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<td>Outcome 07: Safeguarding and Safety</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
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<td>Outcome 09: Medication Management</td>
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<td>Outcome 10: Notification of Incidents</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
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<td>Outcome 17: Residents' clothing and personal property and possessions</td>
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<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection

This registration inspection took place as a result of a new registered provider in addition to a new provider nominee being put forward. As it was a registration inspection it was announced and took place over two days. As part of the inspection, the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as care plans, policies and procedures and staff files. As part of the inspection the inspector also met with the new person nominated to act on behalf of the provider.

Overall the inspector found the center was effective; met, for the most part, the needs of residents and provided a service as described in it's statement of purpose. The person in charge and staff spoken with were knowledgeable of the centres policies and procedures and knew the residents well. Staff spoken with were familiar
with the governance arrangements and were aware of who the person in charge was and was in the process of becoming familiar with the new registered provider. Residents spoken with spoke favorably of the centre stating they were cared for well and their needs were met. No issues or concerns were identified to the inspector during the inspection.

Residents had opportunities to participate in meaningful activities appropriate to their interests and abilities. Throughout the two day inspection the inspector saw a variety of activities take place.

Policies, procedures, systems and practices were in place to ensure effective oversight of the centre. Improvements were identified in relation to the audit system to ensure that it was sufficiently robust, identified actions in addition to highlighting areas where learning was required. This is further outlined in Outcome 2. Further improvements were also required with regards to training to ensuring it was refreshed as required.

The inspector reviewed the premises and found for the most part it was adequate in meeting the needs of residents. There was sufficient dining space for residents to enjoy meals and sufficient space for residents to lounge in. Areas of improvement were identified regarding the decor of the centre, for example paintwork was required in some areas. Residents bedrooms were homely and personalised however a multiple occupancy room, a triple, was found to be insufficient in meeting all needs of residents and required a review. The overall findings of the inspection and subsequent actions are outlined in the body of the report and the action plan at the end.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 01: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**
The inspector found that the statement of purpose contained all of the information as required by the Regulations. The provider had made a copy available to residents and prepared a new statement of purpose to reflect the revised arrangements outlining details of the new registered provider. The statement of purpose clearly described the range of needs that the designated centre intended to meet and outlined the services they provided.

**Judgment:**
Compliant

**Outcome 02: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.*

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**
Systems and structures were in place to ensure the centre was effectively governed, however improvements were required.
The centre, on both days of inspection, was found to have sufficient resources to ensure effective delivery of care in accordance with the statement of purpose. Over the two days of inspection there were sufficient care and nursing staff on duty to support residents with their care needs in addition to activities persons, domestic and catering staff as well as maintenance and administrations persons. The inspector reviewed previous rosters and saw the cover for staff was sufficient and staffing levels were maintained.

From speaking with staff and from observations at the centre there were clear lines of responsibility and reporting mechanisms in place. The centre had clinical nurse managers in post and staff nurses reported into these. The care assistants reported to senior carers who in turn reported to the staff nurses. Staff were aware of the reporting structure. The catering department, maintenance team, administration team and domestic team were all overseen by the person in charge. With regards to care provision staff were delegated areas at handover to ensure sufficient support was given to residents. As evidenced on inspection this was positive and residents received care in a timely manner such as their call bells being answered quickly.

The centre had management systems in place but these were found not to be entirely sufficient. The clinical nurse managers had responsibilities for the auditing of medication. The inspector reviewed this system, including the locked area where medications were stored, and found that the system was not entirely effective. The medication audit failed to ensure that, medication as required and overstock of medication, was counted as part of the stock check. This was rectified on the day by the clinical nurse managers. A revised template was developed and a medication audit of the as required medication in addition to overstock was counted. Audits were also in place for falls, equipment, medication errors and review of skin tears to name a few. However a number of the audits failed to identify learning and subsequent action plans where applicable. For example there was an audit completed for medication errors and near misses however no actions or learning was identified. Further detail was also required regarding the overall analysis of all audits completed. The person in charge told the inspector of plans that were in place to utilise a new audit tool. The inspector saw a sample of this while on inspection.

The centre did not have an annual review of the quality and safety of care delivered in place or completed for the inspector to view.

**Judgment:**
Non Compliant - Moderate

**Outcome 03: Information for residents**
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

**Theme:**
Governance, Leadership and Management
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A resident’s guide was available to each resident which accurately described the services provided.

Each resident had a contract of care. The inspector reviewed a sample of these and found they were in compliance with the requirements of the Regulations. The cost of the service was outlined in addition to other expenses the residents may be expected to pay. The contracts were signed by the resident themselves and where this was not permissible their representative along with a nursing home representative signed it on their behalf.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge has been in post since December 2005. She has extensive nursing experience. She works full time at the centre and is suitably qualified for the post and has completed a management qualification. The person in charge is supported by two clinical nurse managers who deputise in her absence. The person in charge is supported by the provider. The person in charge is engaged in the governance, operational management and administration of the centre on a regular basis. She is based at the designated centre and both staff and residents could identify the person charge.

The person in charge provided information and documentation to the inspector over the two day inspection in a timely manner. She was aware of the Regulations and her legal responsibilities including notifying the authority in accordance with the requirements of the Regulations.

The inspector concluded that the person in charge was competent to oversee the centre.

Judgment:
Compliant
**Outcome 05: Documentation to be kept at a designated centre**
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found the records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained at the centre, complete, accurate and easily retrievable.

The centre had Schedule 5 policies available as reviewed by the inspector. The inspector found the policies were due for review March 2015. The person in charge told the inspector new policies were being introduced and would supersede the policies reviewed. The inspector found that improvements were required to the policy on Prevention, Detection and Response to Abuse. This is further outlined in Outcome 7.

The inspector reviewed a sample of four staff files, including that of the person in charge. Each file contained the information as required by Schedule 2. A staff member new to post was awaiting their Garda clearance which was in process.

The provider was in compliance with Regulation 21, the inspector reviewed the insurance cover for the centre which provided cover against injury to residents and other risks including loss or damage to resident’s property.

**Judgment:**
Compliant

**Outcome 06: Absence of the Person in charge**
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Governance, Leadership and Management
**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There were arrangements in place should the person in charge be absent for a period of more than twenty eight days and there was an awareness of the need to inform the Authority should this occur.

**Judgment:**
Compliant

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**Outcome 07: Safeguarding and Safety**
*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe care and support

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**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Measures to protect residents being harmed or suffering abuse were found to be in place. However, improvements were required to ensure that residents were provided with support that promoted a positive approach to behaviours that challenge.

There was a policy, as reviewed by the inspection, in place for the Prevention, Detection and Response to Abuse. The policy named the designated officer and described the type of abuse. Staff were aware of whom the designated officer and the types of abuse that may occur. Further development of the policy was required to ensure the indicators of abuse were outlined to ensure all staff were sufficiently guided in noticing possible abuse. Residents spoken with told the inspector they felt safe. Systems were in place to safeguard residents. For example there was a robust system in place to manage each resident’s finances. The centre held small amounts of petty cash, for some residents, at their request. This was secured in a safe which the person in charge and one other staff member only had access to. Transactions were recorded individually for each resident on their own petty cash sheet and signed by two staff where a resident was not in a position to do so by themselves. The inspector reviewed the receipts and balances for three residents, during the inspection, and found all to be in order.

There was a policy of managing behaviours that challenge. The policy outlined assessment protocols, care planning and guidelines for the management of behaviours that challenge. The policy also referred to physical intervention. The inspector found the policy required further detail to ensure that a positive approach to managing behaviour that challenge was adopted. Further detail regarding triggers, and proactive/reactive...
strategies were also required to guide staff appropriately. The inspector reviewed a care plan developed for a resident who had behaviours that challenge. The care plan failed to sufficiently and explicitly detail what the behaviours were, how and when they occurred and how staff should respond both proactively and reactively. Antecedent Behavioural Consequence (ABC) charts were also being used to capture information pertinent to the behaviours however this was not reviewed to inform a behaviour support plan. It was also evident from a review of progress notes for this same resident and from speaking with staff, further training was required regarding positive behaviour support.

The inspector reviewed the restraint log and saw that were restraints such as bed rails were prescribed a risk assessment was completed for that resident and maintained in their care plan.

Judgment:
Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspector found for the most part the health and safety of residents, visitors and staff was promoted and protected.

The centre had policies and procedure relating to health and safety which the inspector reviewed. The centre had an up-to-date safety statement which outlined hazards and controls regarding trips, manual handling and protective clothing to name but a few.

The centre had a risk management policy in place and was found to be in compliance with Regulation 26 (1). The centre was equipped with adequate fire safety equipment such as evacuation sheets on each resident's bed, fire fighting equipment, emergency lighting and fire doors were all in place. The inspector saw the fire extinguishers were within their service period 11 June 2014. Staff were aware of the evacuation plan of which was displayed in the centre. The fire panel was in a prominent position at the centre and had recently been serviced February 2015. Fire drills occurred at the centre and records were maintained. On the second day of inspection an external consultant was at the centre providing fire training to staff.

The centre had a risk register in place. The inspector saw where a hazard had been identified a control was put in place to mitigate the risk. For example it was recorded that the poor handrail in the bathroom posed as a risk to residents. The corrective
action of replacing the handrail was completed and the risk was re-rated accordingly.

Falls management was found to be appropriately managed. Residents who had been identified as at risk of falls had a risk assessment completed and a care plan in place. A falls diary and environmental checklist were also maintained within their care plans. The centre used the Autumn Leaves system so those residents that were at low, medium or high risk of falls had a coloured leave beside their bedroom door to discreetly denote same. Other assistive aids to protect residents who were at risk of falls included crash mats, low low beds and hip protectors. Staff have also been trained in falls management.

An emergency plan was in place and outlined actions to take in the event of severe weather, telecoms failure or electricity failure. The centre was also equipped with an emergency light generator. The emergency plan was last reviewed January 2015.

Infection control procedures were in place. The domestic staff who spoke with the inspector outlined the colour coding system they used which reflected the details displayed. The laundry facilities allowed for the segregation of clean and dirty laundry and where laundry was soiled alginate bags were used.

Areas of improvement were highlighted during the inspection. The inspector found in the room of a resident who was assessed as being high risk of falls, a crash mat that was protruding from under their bed and a locker was stored in their en suite blocking the path. A staff confirmed with the inspector the resident used the en-suite facilities.

The inspector also found that residents did not have personal emergency egress plans in place. This was relayed to the person in charge who commenced completing them for each resident. This action was outstanding from a previous inspection.

Improvements were required ensuring that all infection control procedures were adhered to. Numerous surplus toilet rolls were left exposed on top of the toilets in a number of communal bathrooms. The inspector also saw that emergency pull chords were tied up therefore making them redundant in the event a resident should require assistance.

Judgment:
Substantially Compliant

**Outcome 09: Medication Management**

*Each resident is protected by the designated centre’s policies and procedures for medication management.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
The inspector found that the residents were protected by the centres policies and procedures for medication management, however some improvements were identified.

During the inspection the inspector observed a staff nurse dispense medication. The staff nurse was courteous to residents while administering medication and ensured to read medication from the prescription sheet prior to administration. The staff nurse signed the medication administration record sheet once she was satisfied the resident had taken the medication. The inspector observed good hand hygiene practices in between the staff nurse dispensing the medication to residents and wore a red apron so that other persons would not disturb her.

The storage of drugs and control drugs were found, for the most part, to be in line with professional guidelines. The inspector found as required medication for one resident out of date. There was only one quantity of medication for them in the centre which was out of date. By the end of the inspection the clinical nurse manager had returned the out of date medication to the pharmacy and a new filled prescription in its place.

The inspector met with the pharmacist during the inspection. The pharmacist had a central role in dealing with the residents at the nursing home and had an active role in medication safety. The pharmacist, conducted medication audits, alongside the clinical nurse managers. The inspector saw the reports for these.

Other improvements regarding the auditing of medication are outlined under Outcome 2.

Judgment:
Substantially Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge was aware of the legal requirement to notify the Chief Inspector regarding accidents and incidents. To date and to the knowledge of the inspector, all relevant incidents had been notified to the Chief Inspector by the person in charge.

Judgment:
Compliant
**Outcome 11: Health and Social Care Needs**

Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found that each resident had a personal plan maintained in the centre. The inspector found that resident’s health care needs were met and the arrangements to meet resident’s assessed needs were clearly set out in a care plan. From a review of sample care plans the inspector found they were reviewed at a minimum every four months.

Residents had timely access to general practitioners (GP) with additional access available to other services including speech and language therapy and dieticians. Chiropody was also seen to be available. The inspector reviewed resident’s records and found that residents had been referred to these services.

From a review of resident’s personal plans the inspector saw that each resident had an initial assessment at the admission stage. The activity of daily living assessments looked at areas including dental care, pressure sores and falls amongst others. Where problematic areas were identified care plans were developed to address the concerns.

The inspector reviewed the files of residents who were at high risk of falls and who had fallen recently. There was evidence that risk assessments and falls care plans were in place. Neurological observations were completed for unwitnessed falls in addition to witnessed falls were there were concerns that residents had hit their head. The inspectors also saw that the resident’s next of kin were contacted post fall. A resident’s general practitioner was contacted post fall and where necessary a timely review was completed. The inspector saw that post fall a review of the care plan was completed. Further improvements were identified to ensure that all controls, required by residents to meet their assessed needs, were outlined in their care plans. For example the inspector saw that a resident availed of bed rails however this was not outlined as a control in their falls care plan. Greater linkage between care plans was also found to be required. For example a resident had a restraint care plan in place due to their risk of falls however this was no connected to their falls care plan.

Resident’s preferences for activities were reviewed and plans were in place to reflect same. The inspector saw on the day of inspection that activities included passive
exercises and arts and crafts. The residents were supported by an activities team to participate in social events at the centre.

**Judgment:**
Substantially Compliant

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**Outcome 12: Safe and Suitable Premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
For the most part, the inspector found, the layout and design of the premises met the resident’s needs however improvements were required.

The premises were found to be clean and well maintained and bedrooms were found to be personalised. Storage in a number of bedrooms was found to be limited. In particular, storage within multiple occupancy bedrooms required a review to ensure wardrobes were of sufficient size to store resident's belongings. From a review of the questionnaires, completed by residents and family members, the small wardrobes had also been highlighted as being problematic. There was adequate sitting, recreational and dining space other than a resident's private accommodation available for residents. There were two dining areas and two lounge rooms for residents to avail off. The centre had one triple bedroom room, which was not ensuite, which was found to be small and not entirely meeting the needs of the residents. The resident’s bedside lockers were not placed beside their bed; they were stored on the opposite side of their bedroom. There was insufficient space to store a bedside locker and a chair beside two of the resident’s bed. Wardrobes, as previously outlined, were found to be small and narrow and insufficient for the storage of residents clothing and belongings. One of the wardrobes in the triple rooms, reviewed by the inspector, had eleven items of clothes hung within it with little additional room available. There was an allocated space in the centre for storage of aids and equipments.

Certain areas of the premises required an upgrade including paintwork, flooring and blinds. For example paintwork in a number of bathrooms required refreshing as too some of the flooring. The person in charge stated there were plans to upgrade areas of the premises in due course.

**Judgment:**
Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspectors saw the centre had a complaints policy. The complaints procedure was in compliance with the Regulations and included an appeals process and the need to communicate the outcome to the complainant. The complaints procedure was on display at the centre and there was a log of complaints maintained at the centre.

The inspector reviewed the complaints log and saw there were ten complaints received since the start of the year. On review of the complaints log the inspector saw the centre followed their own procedure. The inspector saw that both verbal and written complaints were recorded, reviewed and feedback was given to the complainant along with their satisfaction levels ascertained.

Residents spoken with were aware of their rights to complain, this too was reflected in the complaints log. Staff were aware of what to do should they receive a complaint and were familiar with the procedure. At the time of the inspection there were no active complaints.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
Findings:
The inspector found that residents were treated with privacy and dignity and they were consulted with regarding the running of the designated centre. Improvements were required regarding consultation with residents.

The inspector observed staff knocking on resident’s room prior to entering and were heard and seen speaking with residents in a respectful and courteous manner. Visitors visited the centre, the inspector saw visitors come and go throughout the two day inspection.

The inspector reviewed minutes from the residents meetings and found that improvements were required. Items were raised at the agenda, a number of which had been carried over as they were unresolved from previous meetings. It was unclear how management addressed the concerns of residents and how these were addressed to make improvements for the residents. For example there was no action plan developed as a result of the residents meetings and there was no evidence to indicate that management had followed up on queries. Subsequently these issues carried over to the next resident’s meetings.

Residents were provided with opportunities to be involved in activities and recreation in accordance with their preferences as seen documented in their personal plans. Residents had access to television and radio and where they requested were provided with access to newspaper. A resident also told the inspector they communicated with their family via the internet.

Resident’s religious preferences were also facilitated at the centre as too were their political rights.

Judgment:
Compliant

Outcome 17: Residents’ clothing and personal property and possessions
Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents had their laundry attended to; they were assisted by a laundry person employed at the centre. There were sufficient washing machines and clothes dryers to cater for the number of residents at the centre. There was adequate space to store
resident’s clean laundry, in the laundry room, prior to being returned to their bedroom. Clothes that required dry cleaning were attended to outside of the centre, the person in charge facilitated the residents with this requirement.

As seen during the inspection a number of wardrobes in multiple occupancy room were small and did not allow for a lot of clothes/possessions to be maintained within them. From a review of the questionnaires, completed by residents and their relatives, this too had also been identified as an issue and requires a review.

A record of resident’s personal property was maintained and kept up to date in resident’s personal plans as seen by the inspector. There was a lockable space for each resident within their bedroom.

**Judgment:**
Substantially Compliant

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**Outcome 18: Suitable Staffing**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

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**Theme:**
Workforce

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**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

On the day of inspection there were 42 residents at the centre and two vacancies. Five residents were low dependency, 13 were medium dependency, eight were high dependency and sixteen were maximum dependency. The inspector was satisfied that there were sufficient staff on the day of inspection to meet the required needs of the current residents. During the inspection clinical nurse managers and the person in charge were available to staff should they require further assistance. The centre had one volunteer in place at the time of inspection; the inspector saw that this individual was Garda vetted.

Staff received an annual appraisal which was completed with them by the person in charge. The inspector saw a sample of these in staff files which were found to be in compliance with Schedule 2. The inspector saw that the person in charge had staff’s professional registration details on file and were up to date.

Staff were seen responding to residents bells, however not all of their responses were
timely. The inspector observed a sensor mat placed in a lounge room activate. This bell, as observed by the inspector, rang for a minute, before it was attended to. Other residents were in the lounge room at the time. The alarm activated again a few minutes later, this time it took staff a minute and a half to deactivate the alarm. There was no person near the sensor, demonstrating the sensor may be faulty however it was not investigated if this was so. The sensor mat reactivated for a third time.

The inspector reviewed the staff training records and found that improvements were required in a number of mandatory areas. Training including medication management, manual handling and fire training were not in date for all staff. During the inspection the person in charge informed the inspector that this training had been sourced and arranged and evidence of same shown to staff. The inspector saw dates on the roster where staff were attending the aforementioned training. Staff also required training on positive behaviour support. During the inspection this had been scheduled for staff as confirmed by the person in charge.

**Judgment:**
Substantially Compliant

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**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Ciara McShane  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
**Health Information and Quality Authority**

**Regulation Directorate**

**Action Plan**

**Provider’s response to inspection report**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Sancta Maria Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004589</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>10/03/2015</td>
</tr>
<tr>
<td>Date of response:</td>
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</table>

**Requirements**

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

**Outcome 02: Governance and Management**

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no annual review of the quality and safety of care completed and available at the designated centre for the inspector to review.

**Action Required:**
Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

**Please state the actions you have taken or are planning to take:**
An annual review of quality and governance will be conducted in June 2015. This will include a review of clinical audits and action plans, incidents, risk factors and feedback from residents and relatives.

**Proposed Timescale:** 30/06/2015

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no annual review of the quality and safety of care completed and available at the designated centre for the inspector to review which consulted with residents and their families.

**Action Required:**
Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

**Please state the actions you have taken or are planning to take:**
An annual review of quality and governance will be undertaken in June 2015. The review will include the meetings that took place with residents and their families in the past year as well as a record of any service or care improvements implemented following consultation with, or suggestions from residents and their families. The notes from this meeting will be available for residents and their families.

**Proposed Timescale:** 30/06/2015

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no annual review of the quality and safety of care completed and available at the designated centre for the residents to review.

**Action Required:**
Under Regulation 23(f) you are required to: Make available a copy of the review referred to in regulation 23(d) to residents and, if requested, to the chief inspector.

**Please state the actions you have taken or are planning to take:**
An annual review of quality and governance, including safety of care will be undertaken in June 2015. Notes from this meeting will be available for residents to review.
Proposed Timescale: 30/06/2015

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The audits were not sufficiently robust to ensure the detail was analysed with actions and learning identified.

Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
The centre has recently introduced the Mowlam Audit Management System (MAMS). This comprises a range of audit tools designed to evaluate aspects of care and service; the audits are completed on a monthly basis as part of an annual schedule and include medication management, health and safety, human resources, care standards, clinical documentation, HACCP, hygiene and infection control and home management. An action plan is agreed following each audit and these are reviewed and monitored for compliance.

Proposed Timescale: 28/04/2015

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff required training and up-skilling to respond to behaviour that is challenging.

Action Required:
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Please state the actions you have taken or are planning to take:
Staff have received education and training in managing responsive behaviour. This will also be undertaken for all new staff to the centre. The majority of staff have received this education on 30th March, 2015. An additional session has been scheduled for May 19th 2015 so that all remaining staff can attend. This will also form part of induction for all new staff joining the centre in the future.

Proposed Timescale: 19/05/2015

Theme:
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The care plan for a resident, to assist in alleviating their behaviour that challenges, was not sufficiently detailed to guide staff respond appropriately. ABC charts were not being used to inform the resident’s care plan or form the basis of a positive behavioural support plan.

**Action Required:**
Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

**Please state the actions you have taken or are planning to take:**
As part of the education on responsive behaviour provided to nursing and care staff by Mowlam Practice Development Facilitator, care planning and the appropriate use of ABC charts was a particular focus. The staff are now better equipped to identify behaviours that challenge and how to document them in the ABC chart. Care plans include information about triggers for behaviour as well as information on how to de-escalate certain behaviours. Care plans are based on the need for positive behavioural support.

**Proposed Timescale:** 11/05/2015

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**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The policy in place for the prevention, detection and response to abuse required further detail regarding the indicators of abuse.

**Action Required:**
Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

**Please state the actions you have taken or are planning to take:**
The centre’s policies on prevention, detection and response to abuse have been reviewed and contain details regarding the indicators of abuse.

**Proposed Timescale:** 11/05/2015

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**Outcome 08: Health and Safety and Risk Management**

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Although the policy outlined hazard identification in practice this was not wholly implemented. The inspector found:

- emergency pull chords tied up
- trip hazard in the bedroom of a resident who was high risk of falls.

**Action Required:**
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**
All staff have been reminded of the need for vigilance around risk reduction, hazard identification and risk assessments. Both hazards identified at the time of inspection were immediately rectified.

**Proposed Timescale:** 11/05/2015

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Surplus exposed toilet roll was stored in communal bathrooms.

**Action Required:**
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

**Please state the actions you have taken or are planning to take:**
The centre’s policy on Infection Control has been reviewed and updated and it is consistent with the HIQA standards for the prevention and control of healthcare associated infections.

There is no storage of surplus stock of toilet rolls in communal bathrooms.

**Proposed Timescale:** 11/05/2015

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents did not have a personal emergency egress plan in place at the time of inspection.

**Action Required:**
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the
designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

**Please state the actions you have taken or are planning to take:**
All residents have a personal emergency egress plan in place.

**Proposed Timescale:** 11/05/2015

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**Outcome 09: Medication Management**

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Out of date medication was found in the centre.

**Action Required:**
Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

**Please state the actions you have taken or are planning to take:**
The storage of all medicinal products is managed in accordance with national legislation and guidance. The disposal of unused or out of date medications is safely managed according to national legislation and guidelines.

**Proposed Timescale:** 11/05/2015

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**Outcome 11: Health and Social Care Needs**

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Resident's care plans were not, at all times, linked where appropriate and further detail was required to ensure all controls to meet assessed needs were outlined in resident's care plans.

**Action Required:**
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).
Please state the actions you have taken or are planning to take:
An electronic resident record has been introduced to the centre on 27th April 2015. This includes a comprehensive assessment, care planning and progress reporting system. All nursing staff have received care planning education with a focus on appropriate plans of care based on individual assessments of required care needs. Compliance with care planning documentation standards will be audited and reviewed on a 4 monthly basis or as individual care needs change.

Introduction of electronic system 27th April 2015
Review by 31st July 2015 and every 4 months thereafter

Proposed Timescale: 31/07/2015

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvements regarding the premises were required:

- Some areas required paintwork, flooring and blinds to be freshened.
- A triple occupancy bedroom was found to be of insufficient size to ensure residents had access to their furniture such as bedside lockers.
- A triple occupancy room was found to have insufficient space for storage of clothes for example the wardrobes in use were extremely narrow.

Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
A plan is in place to address areas of paintwork, flooring and blinds. This has commenced and the blinds have been repaired or replaced where required. Flooring and paintwork will be addressed over the coming months.

Plans for a major project of building refurbishment and extension are at an advanced stage. This includes a plan to reduce the triple occupancy room to double occupancy.

The Person-in-Charge will review the furniture provision in the triple occupancy room with a view to ensuring the residents have access to their bedside lockers and that they have sufficient space for the storage of clothes in wardrobes.

Furniture review: 31st July 2015
Flooring & Paintwork: 30th September 2015
A Project Plan has been submitted to the Authority for the repairs and upgrades to the existing facility.

**Proposed Timescale:** 30/09/2015

<table>
<thead>
<tr>
<th><strong>Outcome 17: Residents' clothing and personal property and possessions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Person-centred care and support</td>
</tr>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong> Wardrobes, within a number of the multiple occupancy rooms, were found to be small.</td>
</tr>
<tr>
<td><strong>Action Required:</strong> Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> A review of residents’ storage requirements in wardrobes will be undertaken for those in multiple occupancy rooms. Where additional wardrobe storage space is required for residents’ belongings, this will be addressed on an individual basis.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 31/07/2015</td>
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<table>
<thead>
<tr>
<th><strong>Outcome 18: Suitable Staffing</strong></th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Workforce</td>
</tr>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong> Staffs responses to activated alarms were not at all times appropriate and timely as outlined in the body of the report.</td>
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<tr>
<td><strong>Action Required:</strong> Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.</td>
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<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> All staff have been reminded of the need for timely responses to activated alarms; this will be monitored by the Person-in-Charge.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 11/05/2015</td>
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</table>